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Issues Affecting Older Natives in Alberta

1986

A Discussion Paper by Nancy Hohn

Alberta
SENIOR CITIZENS SECRETARIAT

ISSUES AFFECTING OLDER NATIVES IN ALBERTA--

A DISCUSSION PAPER

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EXECUTIVE SUMMARY

The purpose of this paper is not to provide solutions but to encourage discussion on issues affecting older Natives (status and non-status Indians and Metis) in Alberta. Through researching written material and consulting an advisory group of nine older Natives from around the province, issues are identified, studied and prioritized.

The target population--older Natives in Alberta, is first examined. The significance of Native culture, with its values, languages, traditions and skills, in promoting a sense of pride and direction is emphasized. Although older Natives traditionally hold a position of high respect, there is concern that many factors are eroding their position of esteem and increasing cases of abuse. The 1981 census data indicates that Natives 65 years and over represented 2.9 percent of the group's total population compared to 6.6 percent of Alberta's total population which was 65 years and over.[1] Despite many weaknesses in the socio-demographic data, available data draw a picture of older Natives with a lower than average life expectancy, who are more likely to live on reserves than off (if registered) and who are more likely to live in rural and or remote areas than in urban centres. The issues discussed were presented in the order prioritized by the advisory group at its fourth and concluding meeting. These issues include:

1. Planning

The advisory group felt strongly that older Natives along with resource people should be involved in the planning and ongoing administration of programs and services for their use. Although the necessity of involving all three levels of government in issues affecting older status Indians is recognized, responsibility is presently viewed as being passed like a "political football" back and forth among concerned parties. There is also concern as to

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[1] The 6.6 percent refers to older persons not living in collective dwellings. They represented 6.6 percent of Alberta's total population. This figure is used as the data on Natives are available only for this group.

the public acceptability of "self-government" and whether the skills are in place that would enable Natives groups to handle the responsibilities.

2. Housing

Older Natives traditionally and presently have strong feelings about wanting to stay in their home communities close to family, friends, language, traditional food and cultural roots.

Those in their own homes are more likely than urban dwellers to be in crowded housing needing major repairs, lacking water and sewage facilities and without electricity. Their needs are often seen as being met only when crises arise.

In 1983/84 there was a total of 40 lodge beds per 1,000 age 65 and over in Alberta. The ratio of lodge beds on and off reserves that focus on serving older Natives is approximately 16 beds per 1,000. Although there are approximately 30 apartment units per 1,000 Natives 65 years and over compared to 13.73 units per 1,000 people age 65 and over for all of Alberta, many questions regarding the utilization by and suitability for older Natives remain.

The Alberta Government has been involved on a pilot project basis with the Kehewin and Blackfoot Indian bands in developing lodge and apartment units for older Natives on reserves. Prior to further provincial involvement there are many difficulties which need to be resolved including: land title, tenant selection, subsidization, design location and staffing requirements.

3. Education

Education was seen as potentially preventing problems and issues discussed throughout the paper. Concerns centered around:

- increasing knowledge of programs and services available to older Natives
- increasing self-assertion skills

- increasing practical budgeting knowledge
- teaching and being taught Native cultural traditions and languages.

4. Health

The health of Indians is significantly below national norms. These differences are seen as being based on environmental conditions that they experience throughout their lives including:

- inadequate housing
- poverty
- isolation
- unemployment
- environmental contaminants
- inadequate diet.

Health and Welfare Canada, Medical Services Branch provides health services focusing on the prevention of disease and the promotion of health on reserves. Indian and Northern Affairs offers home support on reserves but as yet provides no medical at home support services.

There are no nursing home or auxiliary hospital beds on reserves and none that cater to the particular needs of older Natives. Since the advisory group frequently stressed the importance of these facilities being built in rural areas and on reserves, it was suggested that a multi-level approach including those regardless of age, who are handicapped, could be more practical.

There was concern that the practise of Native healing should be encouraged. The benefits were seen to be great.

5. Transportation

Normal physical limitations associated with aging as well as poor road conditions, few phones, non-existent public transportation and geographical isolation greatly limit older rural Natives' ability to obtain necessary food, clothing and medical services. Often family and friends are available to

assist with transportation on or near the arrival of pension cheques, but the cost to the older ones is generally high. Half way through the month when money has dwindled, rides are more difficult to find.

6. Income

Most older Natives are the product of many low income earning, unemployed years. They, in short, had limited financial resources and were thus unable to build up retirement incomes from private pensions or savings.

Many burdens on limited finances were cited including:

- housing and feeding children and grandchildren
- high cost of provisions, fuel and transportation in remote areas
- lack of knowledge of available federal and provincial programs
- difficulty applying for programs due to lack of proper identification, language difficulties, reading and writing skills
- younger family members financially abusing older relatives.

Through expanding awareness and input on these issues, greater collective wisdom can emerge which will benefit older Natives in Alberta.

INTRODUCTION

Purpose and Methodology

This paper examines issues affecting older Natives in Alberta. Through researching written resources and listening to input from an advisory group of older Natives, an attempt is being made to shed greater light onto existing needs and future directions for policy and program development.

Many factors, including the complexity of issues and the limited existence and reliability of socio-demographic data, necessarily limit the ability and the advisability of concluding this paper with prescriptive solutions. It is intended to increase knowledge of the issues affecting older Natives and thus encourage discussion among concerned parties as to the most appropriate means by which these issues can be addressed.

Role of the Advisory Group

The role of the advisory group was to share information and discuss issues affecting older Natives (status and non-status Indians and Metis) in Alberta. Input to this discussion paper from the advisory group (average age 67.7 years) offered wisdom and perspective from older Natives themselves.

Care was taken to recruit members from a cross-section of geographical districts, from a variety of community settings (e.g., reserve, Metis settlement, rural and urban centres) and from those who represented status and non-status Indians as well as Metis. Previous involvement with and concern for older Natives was of primary importance in asking people to become involved as an advisory group member.

The nine advisory group members included:

Name	Age	Address
Dr. Anne Anderson Chairperson	80	Edmonton
Mr. Joe Cardinal	65	Saddle Lake Reserve
Mrs. Delphine Erasmus	60	Kikino Settlement
Mrs. Theresa Gadwa	65	Kehewin Reserve
Mr. Fred Gladstone	68	Blood Reserve
Mrs. Hannah Lambert	71	Fort Vermilion
Mr. Ray Tallman	54	Grouard
Mrs. Marie Vermillion	70	Fort Chipewyan
Mr. Russel Wright	64	Blackfoot Reserve

The advisory group, chaired by Dr. Anne Anderson, had one day meetings during March, April, May and June of 1986 at the Native Heritage and Cultural Centre in Edmonton. With great dedication, investigative inquiry, wisdom and warmth, this group shared the concerns and issues affecting older Natives in their home communities throughout Alberta. Sylvia Novik, from the Special Advisory Office on Native Issues, and I, Nancy Hohn, were present at all meetings. Ms. Novik was responsible for ensuring that the advisory group members were adequately compensated for costs incurred in coming to the meetings as well as acting as a catalyst for discussion on issues affecting older Natives in Alberta. My role prior to the meetings was to help Dr. Anderson, the chairperson, to establish agendas. I audio-taped all meetings in order that I could concentrate on listening, observing and clarifying rather than recording. This audio-taping was done with the prior approval of the advisory group after assurances were given that the tapes would only be used by me for the purpose of obtaining accurate summaries of the meetings. After each meeting a summary of the discussion was drafted and sent to the advisory group members in order that they could check for any errors or omissions and bring these to the next meeting. (A summary of the fourth and last meeting was mailed to members for their comments and approval.) Input

from the advisory group is included where appropriate throughout this discussion paper. For a consolidated perspective on advisory group input see Appendix A which includes the summary for each meeting.

Target Population

Before looking at issues, it is necessary to clarify the target population--older Natives in Alberta. To appreciate the meaning of being Native, an examination of culture is required. Native definitions of terms (including senior citizen, elder, older ones, and Native) that relate to the older people in their communities will be examined prior to a working definition of older Natives being established. To get a picture of how many older Natives there are and where they live, available demographic data (despite its many weaknesses) will be presented.

Culture

Culture has been defined as "the sum total of the way in which people live."[2] This includes both components that can be seen, heard, touched and felt (e.g., language, food, burial customs and family groupings) as well as values such as spirituality, respect for elders and sense of community.[3]

"Without his culture, without that strong line from his forefathers, no man knows who he really is. If one does not know who he is, he cannot possess pride or dignity for himself or his people."[4]

Since Native culture has depended primarily on the spoken rather than the written word, knowledge, skills, traditions and beliefs have been passed down to the attentive ears of a select group of individuals. In Alberta there are

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2 Health and Welfare Canada, The Real Gold, "A Cross Cultural Orientation Manual for the Health Care Professional in the Yukon" (Whitehorse, Yukon Territory, Medical Services Branch) p. 2.

3 Ibid.

4 Dr. Anne Anderson, "Culture is the Lifeblood of Civilization," Edmonton, (Mimeographed).

8 different Native languages spoken. The ability of anyone outside the immediate circle or community of older Alberta Natives to understand and relate culturally to them is necessarily limited.

Data available on registered Indians in Alberta indicate that 70.7 percent on reserve in 1981 and 31.8 percent off reserve had Amerindian (including Amerindian and Inuktitut languages) as their mother tongue and home language (language spoken most often at home).[5] "Only 61 percent of Indians aged 25-44 retained their Amerindian mother tongue as home language whereas 78 percent of young (0-14 years of age) and elderly (65 years and over) Indians did so."[6]

"Values are 'a set of interrelated ideas, beliefs and practices to which strong feelings are attached.'"[7] Values change over time and individuals within a group vary in their acceptance of cultural values. Changing or shifting values cause stress and difficulty in coping.[8] Health and Welfare Canada in The Real Gold outlined differences in Native vs. non-Native values in the following continuum as:

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5 Tom Brecher, et. al., 1981 Census Highlights on Registered Indians: Annotated Tables, (Ottawa: Indian and Northern Affairs Canada, 1985), p. 21.

6 Ibid., p. 22.

7 Health and Welfare Canada, The Real Gold, p. 2.

8 Ibid.

The Value Continuum[9]

Specialist (Euro-Canadian)	Generalist (Indian, Metis, Inuit)
Mastery over Nature	Harmony with Nature
Future Orientation	Present Orientation
Scientific Explanation	Mythological and Super-Natural Explanation
Aspiration	Accept as Is
Competition	Cooperation
Individuality	Group
Aggression	Submission
Work to Get Ahead	Work to Satisfy Present Need
Sharing is Impersonal	Sharing is Personal
Precision	Imprecision (time is with us)
Action	Patient
Nuclear Family	Extended Family
Materialistic	Non-Materialistic
Democracy	Heriditary/Temporary Leadership
Group Behavior Codes	Individual Behavior Codes
Work Out Conflicts	Repress Conflicts
Formal Rules of Proper Conduct	Ethic of Non-Interference

It has been argued that age brings with it similar problems and perceptions regardless of culture. It appears from the literature however, that variations are greater in the social rather than the biological response to aging. Differing attitudes, values and practices exist toward aging among ethnic groups.[10]

There is great respect for the older ones in Native families and communities. Traditionally and presently older ones are 'the most important ones.' Historically older ones were in the forefront of decision making and community life.[11]

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9 Ibid., p. 3.

10 Donald E. Gelf and Alfred J. Kutzik, ed., Ethnicity and Aging (New York: Springer Publishing Company, 1979).

11 See Summary of Advisory Group Meeting #1, page 40.

"Indian people have always felt it is important to keep people home within the family unit."[12] Grandparents often take a very involved role in the raising of grandchildren. Ninety-eight percent of those over 60 surveyed on Frog Lake reserve in 1983, had grandchildren living with them. The consensus was "that this was of their own invite and that they wish to have their grandchildren living with them and have requested their children allow them to do so."[13]

"Throughout our [Native] history, up until the present generation of native elderly, cases of elder abuse were so rare in the native community-urban or otherwise-that they quickly became infamous and were dealt with by the community itself, generally through the broader extended family network in cooperation with the elder concerned and the community-at-large. Official agencies were not involved."[14] Concern has been raised however that respect for the aged Native is diminishing and abuse increasing. The advisory group and literature suggests the following contributing factors:

- the fast pace of life today
- break up of families through separation and divorce
- alcohol and drug use
- emphasis on assisting the majority who are young
- shift away from traditional hunting/trapping lifestyle to a money oriented emphasis
- unwillingness of Band Councils to listen to older ones
- migration of young Natives to urban centres.

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12 Frog Lake Band, Family and Community Support Services Program, "Senior Citizens Outreach Program," Frog Lake, 1983. p. 5. (Mimeographed.)

13 Ibid, p. 24.

14 Manitoba Indian Nurses Association, KeKiNan (Our Home) Report, Study to Determine the Feasibility of a Geriatric Care Centre for the Native Elderly in Winnipeg (Manitoba Indian Nurses Association in cooperation with the Indian and Metis Senior Citizens Group of Winnipeg, [1985]), p. 24.

The diminished role of older Natives was seen by the advisory group as unfortunate. The need was expressed to return the elders to their influential role in light of contemporary reality. "They will show us."[15]

Native Definition of Terms

The advisory group was asked to define the following terms as Natives in Alberta understand them:

Senior Citizens
Elder
Older Ones
Native

It was agreed that there were some regional differences in the meaning of these terms and often difficulty translating Native terms into English. Despite these difficulties, the task was completed.

Senior Citizen

This is originally a non-Native term referring to those 65 years and over who become eligible for a wide range of special federal, provincial and municipal programs and services. Natives generally understand this to be the commonly accepted definition.

Native communities (reserves and settlements) use the term senior citizen to indicate eligibility for locally provided special programs and services. Ages referred to vary among communities anywhere from 50 to 60 years of age. The majority of Native communities however consider those 60 years and over to be eligible for locally provided programs and services for senior citizens.

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15 See Summary of Advisory Group Meeting #1, page 40.

Elder

Elder refers to those Natives, young and old, who have been chosen or recognized by their tribe, band or community for their particular maturity, wisdom or knowledge of cultural roots and traditions. These elders are called upon to perform religious and cultural ceremonies as well as offering guidance to individuals.

Older Ones

Older ones refers to those Natives over approximately 75 years who have great wisdom and kindness to share.

Native

Anyone who has some Indian blood or ancestry is considered Native.

Working Definition of Older Natives

Although most demographic data relating to Natives includes Inuit as well as Status Indians, Non-Status Indians and Metis, the proportion of Inuit relative to the total Alberta Native population is very small (.71%) and the proportion of this group's seniors 65 years and over relative to the total Alberta Native population 65 years and over is even smaller (.24%).[16] For these reasons as well as the fact that this group was not represented on the advisory group, this discussion paper does not attempt to speak on their behalf. Presented below are working definitions and 1981 Census figures for the three groups addressed as Native in this paper.

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16 Source: 1981 Census Data.

Status Indians (on and off Reserve) 35,810	Persons who are registered or entitled to be registered as Indian according to the Indian Act
Non-Status Indian 8,595	Indian people, or those descended form them who, for one reason or another, have lost their right to be registered as Indians as defined by the Indian Act.
Metis (on and off Settlement) 27,135	People of mixed European and Indian ancestry.

Since "senior citizen" is principally a non-Native term and there are several Native terms to indicate those who are aged in years and or wisdom, this discussion paper uses the term "older Native" to denote Natives who are 60 years and over. In terms of program and service eligibility, 60 years and over appears to be the Native equivalency to the senior citizen eligibility age of 65 years and over.

Demographics

The limitations of available demographic data are great. Many difficulties exist in getting accurate, consistent data. Language and often limited reading and writing skills can become issues in completing federal census forms for older Natives.[17] The hunting/trapping lifestyle of many rural Natives can interfere with their availability to complete census requirements. Indian Affairs and Northern Development which maintains records of the registered Indian population, is limited in the accuracy of data collecting by late reporting of births and deaths.[18]

Life expectancy data are a good example of the need to question the reliability of data related to older Natives. There was a difference of 15 years in the case of Indian male life expectancy and close to 20 years in the

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17 See pages 7 and 8 for language related data.

18 Perreault, Paquette and George, Population Projections of Registered Indians.

case of Indian female life expectancy between data presented by the Canadian National Advisory Council on Aging[19] and those presented by Indian and Northern Affairs Canada. Because efforts to clarify the source of the Advisory Council's data were unsuccessful, specific data from Indian and Northern Affairs Canada will be presented.

In 1976 and 1981 life expectancy of the registered Indian population in Canada was approximately 10 years less than for the total Canadian population. Registered Indian males in 1981 had an average life expectancy of 62.4 years and registered Indian females had a life expectancy of 68.9 years. Projections offered by Indian and Northern Affairs indicate a reduction by 1996 to approximately 7 years in the life expectancy gap between registered Indians (67.7 years for males and 75 years for females) and the total Canadian population (74.9 years for males and 81.6 years for females).[20] No data were available on life expectancy for non-status Indians or Metis. It is interesting to note that "Indians surviving to 80 years had a greater additional life expectancy than the national population."[21]

On a Provincial level, the standardized death rate in 1976 for registered Indians in Alberta was 15.9 deaths per 1000 compared to 6.6 deaths per thousand in the total Provincial population in 1974 (see Table 1).[22] Because the standardized death rates for registered Indians in Alberta and Saskatchewan are the highest recorded in Canada, it is expected that life expectancy figures for Alberta's Native population would be lower than those presented in the preceding paragraph for the country as a whole.

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19 Canadian National Advisory Council on Aging, Expression Volume 1, Number 2 (Spring 1984).

20 J. Perreault, L. Paquette and M.V. George, Population Projections of Registered Indians, 1982 to 1996, (Ottawa: Research Branch, Corporate Policy, Indian and Northern Affairs Canada, [1985]).

21 Canadian Indian Affairs and Northern Development, Indian Conditions: A Survey, (Ottawa: Canadian Indian Affairs and Northern Development, 1985), p. 15.

22 Andrew Sigger and Chantal Locatelli, "An Overview of Demographic, Social and Economic Conditions Among Alberta's Regisered Indian Population," Canadian Indian and Inuit Affairs Program, 1980.

TABLE 1. DEATH RATES FOR THE REGISTERED INDIAN AND TOTAL POPULATION FOR CANADA AND SELECTED PROVINCES, 1974, 1976

REGION	STANDARIZED DEATH RATE* REGISTERED INDIAN POPULATION 1976 (/1000 POP.)	DEATH RATE TOTAL POPULATION 1974 (/1000 POP.)
CANADA	13.0	7.4
QUEBEC	7.3	7.0
ONTARIO	9.1	7.5
MANITOBA	10.2	8.3
SASKATCHEWAN	15.9	8.6
ALBERTA	15.9	6.6
BRITISH COLUMBIA	12.4	8.0

* The Registered Indian death rate is standardized on the age structures of the total population of Canada and the provinces to take account of the different age structure in the Indian population otherwise the death rates would not be strictly comparable.

Source: Medical Services Branch, Health and Welfare Canada, Health Data Book, April 1978 and prepared by Research Branch, Indian and Inuit Affairs Program, D.I.A.N.D., 9-1-80 as cited in An Overview of Demographic, Social and Economic Conditions Among Alberta's Registered Indian Population

When comparing the number and percentage of Natives over 65 years in Alberta to the total Alberta population, data excluding people in institutions (inmates[23]) must be used as these are the only data available for the Native group.

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23 Inmate refers to a resident of an "institutional" collective dwelling e.g., institution for the elderly and chronically ill, children's homes, general hospitals, penal institutions, treatment centres, psychiatric hospitals.

TABLE 2. NATIVES 65 YEARS AND OVER IN ALBERTA

	Number	% of that Groups Total Population
Total Alberta Population 65+*	146,600	6.6%
Total Native	2,115	2.9%
Inuit	5	.1%
Status	1,050	2.9%
Metis/Non-Status	1,060	3.0%

Source: 1981 Census data
*Excludes persons 65+ in collective dwellings (total 65+ population, 163,390)

When these statistics were presented to the advisory group they all seemed to feel that there's "got to be more" but were unable to offer specific estimates on how inaccurate the statistics may be.

As illustrated in Table 2, the percentage of older persons in the Native population is less than half the percentage of older persons in the total Alberta population.

Although the number of status Indians over 65 years is expected to grow in the future, the proportion is expected to remain unchanged. In contrast, the Canadian population as a whole is projected to include 13 percent over 65 years by the turn of the century.[24]

Comparing the number of people residing on the 60 Reserves in Alberta to the number of status Indians in the Province (1981 Census) approximately 75 percent of the Status Indians were living on and 25 percent off reserve. This refects a slightly higher percentage on reserve than the 70.4 percent calculated on a national basis for status or registered Indians.[25] "Although the pace of off-reserve migration has slowed in the last 4 to 5 years, the need for employment is likely to maintain the pressure for continued migration."[26]

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24 Perreault, Paquette and George, Population Projections of Registered Indians.

25 Ibid., p. 43.

26 Indian Affairs and Northern Development, Indian Conditions, p. 5.

In 1981 it was calculated that the registered Indian population age 65 and over was approximately 3 times more likely to live on rather than off reserve. This scenario is not expected to change for as far as is presently projected (1996).[27]

Changes to the Indian Act made in August 1985 will affect projections for future on/off reserve populations. It is anticipated that up to 60,000 Natives may as a result gain rights as Status Indians and potentially want to move to reserves.[28]

Alberta has the largest average Band size in Canada (1,000 in 1981 and projected 1,400 by 1996).[29]

TABLE 3. NUMBER OF INDIAN BANDS BY POPULATION SIZES IN ALBERTA (1981)

	0-499	500-999	1000-2999	3000+	TOTAL
No. of bands	17	13	8	3	41
% of bands	9.7%	24.4%	34.3%	31.6%	100%

Source: Data from the Indian Registar (INAC), adjusted for late reporting of births and deaths as cited in Population Projections of Registered Indians, 1982 to 1996

In 1983, 3823 people were living on the 8 Metis Settlements.[30] This figure represents 14.09 percent of the total Metis population in Alberta. The number and percentage 65 and over is unknown.

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27 Perreault, Paquette and George, Population Projections of Registered Indians, p. 46.

28 Personal Communication with Indian Affairs and Northern Development. Ottawa, January 23, 1986.

29 Perreault, Paquette and George, Population Projections of Registered Indians, p 55.

30 Alberta Native Affairs Secretariat, Background Paper No. 1, A Demographic Overview of the Native Population in Alberta (Edmonton: Alberta Native Affairs, 1985), p. 9.

Despite the fact that over 40 percent of the total Alberta Native population resided in Alberta's major urban centres, few older Natives were evidenced in these centres in 1983.

TABLE 4. NATIVES 65 YEARS OF AGE AND OVER IN URBAN ALBERTA COMMUNITIES

	Numbers	% of Native Population in the Community
Calgary	75	.49%
Red Deer	--	0%
Edmonton	220	.87%
Fort McMurray	20	.64%
Grande Prairie	--	0%
Lethbridge	25	1.51%

Source: 1981 Census Data

The demographic data suggest that Natives in Alberta are likely to live a shorter life than non-Natives and that they are likely to be scattered throughout the rural areas. These factors must be considered when looking at program design and implementation.

Issues

The issues addressed in this paper were raised and discussed by the advisory group. They are presented in the order of priority established by the advisory group at its fourth and last meeting prior to the paper being finalized.

PLANNING

The advisory group felt strongly that older Natives along with resource people should be involved in the planning and ongoing administration of programs and services designed for their use. They felt that older Natives are in the best position to know their needs, how best to address these needs and who can best plan on their behalf. Good planning by those closest to the concerns or issues was seen as essential in developing culturally sensitive and community relevant services.

Caution however is advised by the advisory group when dealing with Natives taking on greater responsibility for their own affairs. They question whether Canadians are ready to accept the concept of Indian "self-government" embodied in recent changes to the Indian Act. Having relied on Indian Affairs for the last 100 years to run their business, they also question their ability to take on this responsibility. "It will take a long time to educate and train people to take on these new responsibilities."[31]

"The roles of federal and provincial governments in relation to Indians both on and off reserves have not changed significantly since 1960. Inconsistency concerning services to Indians off reserves and a lack of co-ordination and recognition for Indians on reserves may affect the quality and accessibility of services and the potential for Indian development."[32]

It was generally agreed by the advisory group that in order to deal with many issues affecting older status Indians, that all three levels of government would need to be involved in discussions and problem resolutions. Because of the difficulties experienced in negotiating tripartite agreements, the suggestion was raised by one advisory group member that perhaps tribal councils could gain greater control of the process and more success if they

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31 Advisory Group Meeting #3 Summary, p. 47.

32 Canadian Indian Affairs and Northern development, Indian Conditions: A Survey, (Ottawa: 1985) P. 5.

engaged in separate bilateral agreements with the levels of government involved. Right now the federal and provincial Governments are seen as fighting as to who should provide funding for services to older Natives. "It has become a 'political football' with little progress towards resolution."[33]

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33 Advisory Group Meeting #4 Summary p. 54.

HOUSING

Traditionally older Natives are very proud and independent, remaining in their homes and local communities while receiving care when needed from their families. Resistance to going into an institution outside the reserve, settlement or community is great. They foresee the reality of family visits quickly dwindling to the point of being few and far between if and when they are forced to enter an institutional setting away from home. Older Natives as a result may be entering lodges or apartments only after a medical crises occurs. They may also be remaining in their homes or in facilities close to home long after they require more intensive care and supervision.

For those forced into institutions (lodges, nursing homes, auxiliary hospitals and hospitals) there were two key concerns expressed by the advisory group--food and language.

Food

Food was seen as nourishing the soul as well as the body. When food is offered to older Natives that they are not familiar with, they will not eat it or it can cause them greater physical problems. Not being able to eat traditional Native dishes makes the elderly feel alienated and uncared for. Some Native families prepare meals at home to bring to relatives in order to ease this discomfort. The advisory group points to the need for more to be done in order to increase the sensitivity and knowledge of staff to Native dishes and customs. The possibility of a booklet outlining customary Native dishes and ways of preparing them in order to meet Canada's Food Guide was unanimously supported. "Although detailed nutritional analysis of native food is a relatively recent development and the full range of lesser-known vitamins, minerals and trace elements is yet to be assessed, nevertheless it has been

established that the diet traditional to the heritage of the native elderly provided sources for all basic nutrients required for life and health."[34]

Language

When older Natives enter these institutions, often many miles away from their home communities, it is particularly difficult for them when many cannot understand and speak English. Many suggestions were offered by the advisory group to improve this situation including:

- exploring more possibilities for volunteer involvement. Since many adults need to work and evening hours are not convenient to tired elders, young people are seen as a possible source. Benefits to young and old were seen. The "adopt-a-grandparent" program was cited as an example.

- since many Native adults have limited income and must work to support themselves, paying a volunteer co-ordinator or friendly visitor was suggested.

- having lodges, apartments, auxiliary homes closer to home would increase ease for the family and friends to visit and speak in their Native tongue.

The alternative of remaining in their own homes can leave older Natives without the traditional support systems as young family members move to urban centres. Greater funding for home-maker and maintenance staff was continually emphasized by the advisory group as being needed.

The price of fuel, particularly in high cost remote areas, was also cited by the advisory group as a heavy financial drain on older Natives remaining in

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34 Manitoba Indian Nurses Association, KeKiNan (Our Home) Report, Study to Determine the Feasibility of a Geriatric Care Centre for the Native Elderly in Winnipeg (Winnipeg), Manitoba: Manitoba Indian Nurses Association in cooperation with the Indian and Metis Senior Citizens Group of Winnipeg, [1985]), p. 8.

their own homes. Water is not also available on settlement or reserve. When water has to be trucked in, there are often not enough trucks to ensure water always to everyone. Not having water hits old people hard. Older people's needs were often seen by the advisory group to be met only when crises arise. This was referred to as the "scoop and run" method that is not working.

In 1977, one in three Indian families on reserves in Canada lived in crowded housing conditions.[35] "In addition, to an increase in the backlog for new and replacement housing, the number of on-reserve units in Canada needing major repairs has increased tenfold between 1960 and 1977, representing an increase from less than 10 percent to approximately 24 percent."[36] Despite these statistics, the situation has been cited as illustrating improvement over the last 20 years.[37]

Although the proportion of on-reserve houses in Canada with electricity is approaching national levels, those with water and sewage facilities lag far behind. "The lack of services is more pronounced on rural and remote reserves, where in 1977 fewer than 40 percent of houses had running water, sewage disposal and indoor plumbing facilities compared to more than 60 percent of all Canadian rural houses."[38] Seventy-five percent of elders surveyed in 1983 on the Frog Lake Reserve did not have indoor plumbing.[39]

The housing stock for Alberta's older Natives, as indicated in Programs for Native Seniors[40] (see Appendix B for details) includes 17 lodge beds on 3 reserves and 15 lodge beds off reserve for a population of 2,115 Natives over 65 (1981 Census). In 1983/84 there was a total of 40 lodge beds per 1,000

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35 Canadian Indian Affairs and Northern Development, Indian Conditions: A Survey, (Ottawa: Indian Affairs and Northern Development, 1985) p. 30.

36 Ibid., p. 31.

37 Ibid.

38 Ibid., p. 31.

39 Frog Lake Band Family "Senior Citizens Outreach Program."

40 Senior Citizens Bureau, Programs for Native Seniors (Edmonton: Senior Citizens Bureau, 1985).

age 65 and over in Alberta.[41] The ratio for lodge beds that focus on serving Natives 65 and over is approximately 16 beds per 1,000. Whether these facilities serve people with an appropriate level of functioning needs to be questioned. Because most older Natives have great resistance to leaving their homes until serious crises arise and want to live as close to home, if not in their homes, as possible, these facilities may house people whose needs are greater than the lodges' ability to serve.

There are 6 self-contained apartment units on reserve and 55 of these units off reserve that focus on serving older Natives in Alberta. Although statistically this represents approximately 30 apartment units per 1,000 Natives over 65 years compared to 13.73 units per 1,000 people 65 years and over for all of Alberta in 1985,[42] many questions remain including:

whether older Natives are utilizing these apartment units, particularly off reserve, and if not, why not

whether the units are built in suitable locations and constructed with appropriate designs to meet the needs of older Natives.

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41 Alberta Interdepartmental Committe on Long-Term Care, "A Framework for the Future Planning of Long-Term Care in Alberta," Alberta, June 1985. (Mimeographed.)

42 Alberta Bureau of Statistics data.

The Alberta Government has been involved on a pilot project basis with the Kehewin and Blackfoot Indian bands in developing lodge and apartment units for older Natives on the reserves. Whether this Provincial assistance will be available in future to other bands is yet unknown. There are many difficulties which need to be resolved including:

1. Land Title

Normally Alberta Mortgage and Housing Corporation has title to the land. "While reserve land may be surrendered to the federal government under the Indian Act, which in turn could lease it to the provincial organization, it is unlikely that this possibility will be an appealing one to the bands, who have no desire to give up land even conditionally, or to the federal government who would have to do all the necessary negotiating and paperwork; so another alternative will be necessary."[43]

2. Tenant Selection

Because of lower life expectancy and the smaller numbers to be served on reserve, the age criteria may need to be lowered and the inclusion of younger handicapped Natives may also need to be considered. It must be recognized that many older Natives may want to leave seniors' housing after the crises (eg. winter, health problems, family difficulties) pass.

3. Subsidization

Because the number of lodge units needed on each reserve is small (average number of existing lodge units on reserve is less than 6), cost of providing service is argued to be higher and therefore greater subsidization may be necessary.

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43 Carol E. Shortt, "Providing Housing for Dependent Seniors in Native Communities," Masters of Environmental Design Degree Project, University of Calgary, 1984, p. 80.

4. Design and Location

Different life styles and culture may require housing of different form from the norm offered off reserve. Because of the small numbers to be served in rural and remote areas, the multi-level approach was suggested by the advisory group as more functional. That is, it may be more practical to develop facilities that provide shelter with varying degrees of support (housekeeping, personal care, etc.).

5. Staffing Requirement

Staffing requirements should take into consideration the ability to communicate with older Natives and to appreciate their cultural needs. These considerations may sometimes need to take precedence over more academic qualifications. Because occupancy may vary greatly with older Natives returning home when their situations change, staffing requirements may vary greatly and need to be administratively dealt with in order to keep within the budget.

EDUCATION

Education was seen as important by the advisory group in order to prevent some of the problems and issues discussed further in this paper. Concerns raised centered around the following areas.

1. Information

The advisory group felt that many older Natives were not aware of the range of programs and services available to them. Language barriers as well as reading and writing skills limit the ability of older Natives to understand and apply for programs.

2. Self-assertion

Because of their great devotion to family harmony and dependency on family members, often older Natives allow their own needs to come last.

3. Budgeting

Many older Natives were seen as needing practical assistance in how to budget their money.

4. Culture

Many older Natives were seen as wanting to teach and be taught more about their culture including language, traditions, customs, stories, games and crafts. Teaching younger people about Native culture was seen as healthy in building greater self-esteem for young and old. To preserve and protect Native culture, encouraging older Natives to pass on their cultural heritage needs to be emphasized.

HEALTH

Health Conditions

Because most data related to the state of Native health are compiled by Health and Welfare Canada, Medical Services Branch primarily, and secondarily by the Department of Indian Affairs and Northern Development, the data focus only on status Indians. The degree to which generalizations from this data for the total Native population can be drawn is unknown.

As indicated earlier,[44] Natives in general and those in Alberta particularly, die at a younger age than the average for the total population. Once again it is interesting to note that Indians surviving to 80 years had a greater additional life expectancy than the national population as a whole.[45]

The data suggest that "health conditions are improving for Indians but are still significantly below national levels."[46] Health and Welfare Canada, Medical Services draws attention to "distinct differences in underlying health problems"[47] between Indian and non-Indian populations. These differences are based on environmental conditions that Indians experience throughout their lives including:[48]

1. inadequate housing
   - inadequate in number to meet demand
   - overcrowded
   - poorly insulated and constructed
   - lacking water and sanitation systems
2. poverty

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44 See page 14 and 16.

45 Indian Affairs and Northern Development, Indian Conditions, p. 15.

46 Ibid., p. 15.

47 National Health and Welfare Canada, Medical Services Branch, Indian Health Discussion Paper, (National Health and Welfare Canada, 1979), p. 7.

48 Ibid.

3. isolation
4. unemployment
5. contaminated water
6. inadequate diet
7. environmental contaminants

Health Benefits

Health and Welfare Canada, Medical Services Branch presently pays Alberta Health Care premiums for registered Indians and Inuit living on or off reserve in Alberta who qualify for coverage. At age 65, (as is the case for all Albertans) premiums are covered by Alberta Health Care. There are a few added benefits that registered or status Indians over 65 continue to get through Medical Services including:

1) 100 percent of the cost of prescription drugs
2) referral and transportation to the nearest medical services
3) prosthesis

Blue Cross and Extended Health Benefits programs are available to all Natives age 65 and over on the same basis as for all other Albertans. The advisory group questioned whether all older Natives are taking advantage of these benefits. In some cases, people may have the Blue Cross card but be unaware of the benefits and not be using it.

Health Services

On reserve, Health and Welfare Canada's Medical Services Branch operates health centres that are intended to provide programs focusing on the prevention of disease and the promotion of health. In more remote areas, where a resident physician is not available, the Medical Services Branch also offers emergency care, short stay in-patient services, and treatment for routine health problems through nursing stations. Generally speaking however treatment is expected to occur off reserve through the usual medical service

system. The only exception to this rule is the Blood Indian Hospital, operated by the Medical Services Branch in Cardston.[49]

The Coordinated Home Care Program is not available on reserves unless formal agreements have been made between Band councils and local health units. No Victorian Order of Nurses (V.O.N.) program exists on reserves. The Adult Care Program does exist through Indian and Northern Affairs on reserve but the policy needs clarity and as yet does not provide medical at home support services. This program does however cover the cost of home support on reserve in the form of in-home care and foster care and off reserve in the form of institutional care Type I and Type II. Definitions offered by the Department of Indian Affairs and Northern Development[50] are:

1) In-home care--homemaking and handyman services provided to adults in their homes on a fee for services basis

2) Foster care--foster care services for adults who require care and supervision in the activities of daily living

3) Institutional--Type I--residential, ambulant or limited personal care

4) Institutional--Type II--intensive personal care with nursing supervision or nursing home care.

The days of care and costs by service for this program in Alberta during 1982/83, 1983/84 and 1984/85 are presented in Table 5.

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49 Alberta Senior Citizens Bureau, Programs for Native Seniors.

50 Source: written correspondence dated April 4, 1986.

TABLE 5. D.I.A.N.D. ADULT CARE PROGRAM (DAYS OF CARE AND COSTS BY SERVICES)

	IN HOME			FOSTER			INSTITUTIONAL TYPE I			INSTITUTIONAL TYPE II			ALL SERVICES
	# Recipients	# Days	$ 1,000's	# Recipients	# Days	$ 1,000's	# Recipients	# Days	$ 1,000's	# Recipients	# Days	$ 1,000's	Total $1,000's
1982/83	5	1,702	27.1	0	0	0	32	11,552	347.1	0	0	0	374.2
1983/84	7	2,502	42.2	1	365	4.7	2	565	18.3	28	10,039	377.4	445.6
1984/85	13	4,652	108.2	1	365	4.7	1	365	7.8	26	9,465	355.9	476.6

NOTE: The Recipients category represents the average over the four quarters of the number of recipients as of the end of each quarter.

Source: Written Correspondence dated April 14, 1986 from Indian and Northern Affairs Canada.

Presently there are no nursing home or auxiliary hospital beds on reserve and none that cater to the particular needs of older Natives. The advisory group describes putting an older Native relative in one of the existing facilities in terms ranging from unthinkable to a regrettable last and only option. Because of the great distances between existing nursing home and auxiliary hospital beds and where families of older Natives live, visits soon dwindle in frequency. Without staff who speak their Native language and familiar food for nourishing their bodies, institutionization of older ones is not a desirable option.

The advisory group members frequently stressed the importance of building more nursing homes and or auxiliary hospitals in rural areas and on reserve. Because of the smaller number of older Natives requiring care in rural and reserve areas, it was suggested that a multi-level approach including those regardless of age, who are handicapped would be more practical.

Indian Affairs indicated on March 19, 1986 that there were 30 Status Indians from provincial reserves over 60 years who were sponsored through the Adult Care Program in nursing homes off reserve. Auxiliary hospitals provide more care than that covered by the Adult Care Program.

The number of Natives (Status, non-Status, Metis and Inuit) 65 years and over in nursing homes and auxiliary hospitals in Alberta is unknown. Alberta currently uses the bed ratio of 45 nursing homes and 25 auxiliary hospital beds per 1,000 population 65 years and over.[51] Given the apparent reluctance on the part of older Natives to enter existing facilities, it is anticipated that the ratio for this group would be lower than this.

In terms of health care planning, Health and Welfare Canada, Medical Services Branch, in tune with recent changes to the Indian Act, supports local decision making. "There is an infinite diversity of problems, of context, of culture and tradition and of requirement that, by consequences, signals the need for a 'particular' and 'made in community' response. What we suggest is

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51 Source: Alberta Hospitals and Medical Care.

needed, is not more national norms, programs manuals or detailed national prescriptions, but rather an approach that, over time, will permit the identification by communities or groups of communities of their unique and particular problems and of the appropriate and particular response that they judge is most suitable."[52]

Murdock and Schwartz in their article "Family Structure and the Use of Agency Services: An Examination of Patterns Among Elderly Native Americans" show elderly Native Americans to be in need of additional services and to have low levels of perceived need and service usage.[53] The plight of the elderly Native on reserve is emphasized. "Their freedom to search out services may be the most restricted of any elderly group in the nation, and thus it is all the more evident that actions to improve services and their knowledge and use of such services are essential."[54] Elders surveyed in Alberta's Frog Lake reserve in 1983 "seemed reluctant to discuss or to appear to be weak or sick."[55] "They only seek medical help when they are seriously ill or when their family responds to their health needs."[56] "To most people the hospital is a very frightening place--often associated with pain or death. To an Indian person, admission to hospital is even more frightening because of the different beliefs, values and practices."[57] Fear appears to be generating denial. It may be easier to avoid dealing with medical problems rather than face the possibility of being institutionalized.

The advisory group encouraged health to be viewed in an Indian way which is more holistic including spiritual and mental health. In the group "there was much concern expressed during discussions for the need for the influence of elders and traditional healers in maintaining the strength of native

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52 National Health and Welfare Canada, Indian Health Discussion Paper, p. 4.

53 Steve H. Murdock and Donald F. Schwartz, "Family Structure and the Use of Agency Services: An examination of Patterns Among Elderly Native Americans" Gerontologist, Vol. 18, No. 5, 1978, p. 480.

54 Ibid., p. 480

55 Frog Lake Band Family "Senior Citizens Outreach Program," p. 10.

56 Ibid., p. 14.

57 Health and Welfare Canada, The Real Gold, p. 36.

culture and traditions. The value of traditional medicine has been acknowledged by many psychiatrists working with Indian people."[58] "As a general rule the more 'traditional' the community, the less the mental health problems."[59] The value and practise of Native healing should be encouraged in the view of the advisory group. "During the last two or three decades, at first a small, but now increasingly larger, number of practitioners of western 'bio-medicine' have come to recognize and respect the healing traditions of our [Native] people, traditions still very much alive."[60]

Benedict in "A Profile of Indian Aged" contends that "the Indian elderly could very well be the most deprived identifiable group of American citizens."[61] Whether this could be said for older Canadian Natives, it is unknown. Their struggles however are great. Despite these struggles the Frog Lake reserve report states: "In many areas we believe that the elderly on the reserve are in better positions than the elderly off the reserve for they have not been abandoned by their families.[62]

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58 First Nations Confederacy, Brotherhood of Indian Nations and Manitoba Krewatinowi Okimakanak, Indian Mental Health Research Formulation Final Report (Manitoba: [1985]), p. 41.

59 Ibid., p. 13.

60 Manitoba Indian Nurses Association, KeKiNan (Our Home) Report, Study to Determine the Feasibility of a Geriatric Care Centre for the Native Elderly in Winnipeg. p. 25.

61 Robert Benedict, "A Profile of Indian Aged" in Minority Aged in America, papers from a symposium "Triple Jeopardy: the Plight of Aged Minorities" Detroit Michigan, Institute of Gerontology, University of Michigan, Wayne State University, April 17, 1971, p. 51.

62 Frog Lake Band, "Senior Citizens Outreach Program" p. 32.

TRANSPORTATION

The First National United States Indian Conference on Aging held in Phoenix, Arizona in 1976 identified transportation as a major need requiring priority funding.[63] The extent of the need in Canada, and in Alberta particularly, is not as clear. The Frog Lake Band after surveying its over 60 population indicated that transportation was a major concern. Obtaining a vehicle to transport the elders was seen as a priority item needing immediate attention.[64] Ten out of 21 Caslan Metis Settlement residents over 60 years were found in a 1984 needs survey to lack transportation.[65] In a 1984 review of human services in Wabasca/Desmerais, transportation was cited as a problem in linking clients to services. The advisory group emphasized concern for the many older ones in rural areas without transportation and far from services. Finding funding for transportation programs, particularly on reserve, was seen as a problem.

Normal physical limitations associated with aging as well as poor road conditions, lack of communication systems, non-existent public transportation and geographical isolation greatly limit older rural Natives' ability to obtain food, clothing and medical services. Often family and friends are available to assist with transportation on or near the arrival of pension cheques, but the cost to the older ones is generally high. Half way through the month when money has dwindled, rides are more difficult to find.[66]

In terms of communication, of the 25 elders surveyed in the Frog Lake Band, only 5 percent had telephones and 8 percent had their own transportation. Even though the majority said that family members drive them, they often have to wait until others are going and to pay for the gas out of their

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63 Juana P. Lyon, Project Co-ordinator, The Indian Elder, A Forgotten American, "Final Report on the First National Indian Conference on Aging" (Albuquerque, New Mexico: Adobe Press, 1978).

64 Frog Lake Band, "Senior Citizens Outreach Program."

65 Caslan Metis Settlement. "Senior Citizens Needs Survey," June, 1984. (Mimeographed.)

66 See Summary of Advisory Group Meeting #2 in Summary, p. 43.

fixed incomes. "They do not see a doctor or do their shopping when they feel it is necessary or quite important for them to go out."[67]

It was noted by the advisory group that some older Natives are driving without licenses. Programs with Native driving instructors and exam interpreters were encouraged. Older Natives could then get instruction in their own language and receive assistance in reading and responding to the written exams.

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67 Frog Lake Band, "Senior Citizens Outreach Program," p. 17. (Mimeographed.)

INCOME

Financially, older Natives are the product of many low income earning and unemployed years. Although no statistics could be gained for those 65 years and over, the picture for the total group is clear. Provincially "41 percent of all Natives 15 years and over had no income or reported government transfer payments as their major source of income."[68] Only one-fourth of Natives under 65 were employed in June 1981. Unemployment rates for rural Natives were 4 times higher than for rural non-Natives.[69] Older Native people in short tend to have very limited financial resources and thus are unable to build up retirement incomes from private pensions or savings.

Many around the advisory group table expressed concern that pension incomes are often gone before half way through the month. Housing and feeding children and grandchildren were seen as contributing to financial problems of older Natives. The high cost of provisions, fuel and transportation in remote areas was also seen to put added burdens on limited financial resources.

Older Natives are therefore more likely to be in need of the financial programs available to them. These programs, outlined in "Programs for Native Seniors," include: Old Age Security, the Federal Income Supplement, Spouses Allowance, Alberta Assured Income Plan, Alberta Widows' Pension Plan, and other social assistance programs provided by both Indian Affairs and Alberta Social Services and Community Health.

Many, according to the advisory group, do not know about programs that are available to them. Language barriers prevent others from comprehending the programs and the application process. Since still others cannot read or write their own language, let alone English, this makes completing applications particularly difficult. One of the biggest obstacles however, would appear to be locating the required identification (e.g. birth certificate,

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68 Alberta Native Affairs Secretariat, Demographic Overview of the Native Population in Alberta, p. 30.

69 Alberta Native Affairs Secretariat, "Background Paper No 1 A Demographic Overview of the Native Populations in Alberta," Edmonton, 1985.

proof of treaty status) needed to complete applications. Three to four years of work, often by young advocates, was cited as a common necessity before application forms can be completed. On the Blood Reserve, social service staff get in touch with older Natives three to four years prior to their 65th birthday in order to ensure that all will be in order by the time they are eligible.

The advisory group was very concerned about many older ones who are being taken advantage of by their families. Younger family members often sponge off their elders or charge excessive amounts for assistance such as transportation. In some cases there is stealing of elders' money, charging personal supplies to elder's store accounts and even physical abuse (including rape).

There was also concern expressed for those older Natives who can't (often due to alcohol abuse) manage their money and end up penniless shortly after their pension cheque arrives.

Many possible ways of dealing with this serious issue were discussed including:

- educating older ones in how to budget their money
- educating older ones in how to be firm (and how to protect themselves) with family who are taking advantage of them
- automatically having the pension cheque deposited in the bank or with the store where the older Native deals
- responsible family members need to intervene and make necessary arrangements to protect the income of their older ones
- Native guardians or trustees could be appointed to manage the money and ensure adequate supplies are provided. These guardians or trustees could be reserve or settlement staff, or any responsible caring person.

Conclusion

Older Natives are viewed by literature and the advisory group as a valuable but endangered cultural resource. This paper has raised issues affecting older Natives in Alberta not to prescribe solutions but to encourage discussion. Through expanding awareness and input on these issues, greater collective wisdom and action can emerge which will benefit older Natives in Alberta. The only concluding recommendation is therefore that this paper be distributed as widely as possible in order to encourage maximum discussion.

APPENDIX A

ADVISORY GROUP ON ISSUES AFFECTING OLDER NATIVES IN ALBERTA

MEETING #1 - SUMMARY

Traditionally older Natives are very proud and independent, remaining in their local communities and receiving care when needed from their families. Assistance from external sources (e.g., paid homemakers, Home Care, seniors' lodges, apartments, etc.) in a minority of cases will still be adamantly and totally rejected. The Kikino Settlement has gotten around this resistance to external assistance by ensuring that no one knows who the homemakers are. They are seen by the older ones as caring neighours.

Older Natives like to be close to their families. Resistance to going into an institution outside the reserve, settlement and community is great. They foresee the reality of family visits quickly dwindling to the point of being few and far between if and when they're forced to enter an institution away from home.

Institutions are largely seen to be insensitive to Native culture. Traditional foods and language are two basics that are seen to be non-existent or minimal in these places. Extreme loneliness and depression often results.

The alternative of remaining in their own homes can leave them without the traditional support systems, as young family members move to urban centres. Needless deaths can and do occur that could have been prevented if older ones were under closer supervision.

Older people's needs are often seen to be met only when crises arise. This is referred to as the "scoop and run" method that is not working.

Areas of concern raised included elder abuse (particularly on pension cheque day), as well as the need for increased social, cultural and recreational programs.

Statistics

Statistics on the number of older Natives over 65 in Alberta were presented and the advisory group was asked for their input on the accuracy of these figures. Although all seemed to feel that there's "got to be more," it was difficult for the group to offer specific estimates on how inaccurate the statistics may be.

Program Applications

When the group was asked about the ease or difficulty of older Natives in applying for income programs, they indicated that problems existed in completing applications for all programs whether income, housing or any other.

Many apparently do not know about programs that are available to them. Language barriers prevent others from comprehending the programs and the application process. Since still others cannot read or write their own language let alone English, this makes completing applications particularly difficult. One of the biggest obstacles however, would appear to be locating the required identification (e.g., birth certificate, proof of treaty status). Three to four years of work, often by young advocates, is a common necessity before application forms can be completed. On the Blood Reserve, social service staff get in touch with older Natives three to four years prior to their 65th birthday in order to ensure that all will be in order by the time they are eligible.

Although the reasons for these difficulties are unique to each situation, their rural and often remote lifestyle frequently meant sporadic contact with those who kept these records. Locating these records years later can be difficult to say the least.

Role of the Older Ones in Native Communities

Traditionally and presently older ones are "the most important ones." Although historically older ones were in the forefront of decision making and community life, their role particularly since the 1970's, is seen to have become less important. Older ones are not seen to be fully utilized by band councils or family members in many cases. Reasons cited for this decrease in importance include:

- the fast pace of life today
- break-up of families through separation or divorce
- alcohol and drugs.
- unwillingness of Band Councils to listen to older ones

The diminished role of the older ones was seen as unfortunate for Native communities. The need was expressed to return the elders to their influential role in light of contemporary reality. "They will show us."

ADVISORY GROUP ON
ISSUES AFFECTING OLDER NATIVES IN ALBERTA

Meeting #2 - Summary

As each member of the advisory group reported on issues affecting older Natives in their home communities, concerns raised centered around the following topics:

housing
income
health
education
transportation
government

Housing

For those remaining at home, concerns are very basic. Water is not always available on settlement or reserve. When water has to be trucked in, there are often not enough trucks to ensure water to everyone. Not having water hits old people hard. An example of an older one on Kikino Settlement not having water over Easter holidays was cited.

The price of fuel, particularly in high cost remote areas, is a heavy drain on very limited financial resources. Before Christmas, oil in Fort Chipewyan cost $81 a barrel. Although it went down to $127 for 2 barrels after Christmas, this still represents a sizable bite out of pension funds.

Home-makers are made available in most communities primarily through Family and Community Support Services funding. The need for expanded funding for home-support services (maintenance and housekeeper) was however a universal concern.

The Blood Indian Health Department has produced a funding proposal for a multi-level health care facility for older ones and the handicapped (including

self-contained apartments, lodge units, auxiliary and nursing home units). Plans include a day care centre which would allow grandchildren to be nearby and encourage older ones to share their knowledge of Indian games, language, beadwork and art. Focus in the planning and design emphasized keeping older ones active.

The Blackfoot reserve was one of two reserves which 4 years ago was chosen by the Provincial Government as a pilot project in building seniors housing. The initial design presented to the Band needed many changes to reflect more accurately "their own needs." Construction has recently begun. All staff except the administrator and cook will speak Blackfoot. Special programs will be open to all Blackfoot seniors.

The Kehewin reserve is the other location where the Provincial Government has built seniors housing. All 14 units were occupied this winter. The arrival of good weather however saw all but 9 return to their homes. Funding to ensure adequate staff and maintenance of the facility is a major concern at this time. Indian Affairs pays $39 per day for status Indians. Non-status Indians pay $300 a month out of their pension. Indian Affairs appears to be encouraging the Band Council to turn to the Province for assistance but the Band Council doesn't want Provincial involvement. Monthly feasts at Kehewin lodge involve old and young followed by AA meetings when elders share their wisdom. Lodge residents are very concerned when their meals are not prepared in a manner that they are used to. Native dishes improve appetites and attitudes. Unfamiliar foods on the other hand, have in the past been blamed for diarrhea which has caused serious health complications. When a certified cook, required by the Provincial Government standards, was replaced by a non-certified cook knowledgeable and capable in the preparation of Native dishes, greater happiness and health resulted.

Income

Many around the table expressed concern that pension incomes are often gone before half way through the month. Housing and feeding children and grandchildren were seen as contributing to financial problems of the older ones. It was recognized that this situation is very difficult to change.

Health

The need for greater access to health services was raised. If health centres were open more often (e.g., everyday instead of once a week) there would be less difficulty and cost (up to $30 on Kikino Settlement) in getting transportation to the nearest medical service.

The cost of prescription drugs for non-status and Metis older ones is causing difficulties. Although Blue Cross coverage for those 65 and over is available to these people, it is unclear as to whether all are taking advantage of it. In some cases, people may have the card but be unaware of the benefits and not be using it.

When hospitalized, the need of older ones for someone close-by who speaks their language and for food that is prepared in Native style could not be overestimated. Stories of situations experienced years ago and today (both in hospital and nursing homes) were filled with a lack of caring and understanding for older Natives. New facilities, closer to home (e.g., on reserve, rural communities) and with sensitivity to Native needs were desired by many around the table.

Education

Many felt that older ones need greater education about what is available to them. Existing steps in this direction should be increased. An ad-hoc group of a Blackfoot inter-agency group is looking at developing a local service directory, newsletter and educational program for the older ones.

The important role that older Natives can play in educating the young was stressed. Children can gain greater identity and self-esteem in learning of their cultural roots and older ones can thrive on the satisfaction gained from completing an important mission.

Transportation

Many older ones in rural areas are without transportation and far from services.

Family and friends are relied upon heavily to access supplies and services. After the pension cheque arrives, there is usually help available but it often costs a big portion of their income. Toward the end of the month, when finances are scarce, transportation can be more difficult to find.

In one situation a health centre pays for a taxi to and from their office.

Two vans are requested in the Blood Indian Multi-level Health Care proposal to encourage older ones at home to take advantage of the facility.

Government

It was generally agreed that in order to deal with many issues affecting older status Natives, that all three levels of government would need to be involved in discussions and problem resolutions.

Advisory group members indicated that most older ones are not in favour of self-government. The ability of Natives to manage the responsibilities involved is questioned. It was also questioned as to whether Canadians as a whole are ready for "self-government." Quebec, Manitoba, the Northwest Territories and the Yukon did not gain (national public) acceptance for self-government. Why should it be different for Natives?

ADVISORY GROUP ON
ISSUES AFFECTING OLDER NATIVES IN ALBERTA

Meeting #3 - Summary

Care of the Elderly (on reserve versus off reserve and Metis settlement)

The point was raised and evidenced in the discussion that older ones, on reserve particularly, but also on settlement have more support and services offered to them than those living in remote or rural areas off reserve/ settlement. The range of services offered to elderly varied among reserves and settlements but included:

- 10 homes built each year for the elderly on reserve
- monthly pension of $5.00 per month
- water supply hauled free of charge
- garbage hauled away free of charge
- staff responsible for the care of the elderly
- home repairs and maintenance done free of charge by band staff
- tours are organized by the band recreation department and volunteers
- Christmas feast and summer barbecue held annually for elders
- $600 given annually to elderly for fuel expenses
- health services offered Monday to Friday
- Taxis paid to health facilities off reserve.

Variety of Services Needed

Even with these services (which aren't available on all reserves and settlements), there was general agreement that the elderly are neglected. All agreed that they want to maintain their older ones as close to home as possible but what was needed in order to do this varied among communities. Examples included:

- the elders on Kikino Settlement have strongly indicated that they don't want a senior citizens home, but would be interested and would participate in a senior citizens drop in centre

- many around the table expressed the need for an increase in homemaker and home maintenance services

- a number of the reserves and rural communities represented felt a strong need for auxiliary hospitals to care for the semi-invalid

- the Blood reserve has a funding proposal prepared to push for a multi-level health care facility for the elderly and handicapped

- many saw the need for starting or expanding transportation services (vans primarily) that would ease the isolation of elderly living in remote areas, particularly in the winter

- some saw the need for more outreach on the part of existing lodges and senior citizens apartments to include more people who live at home in events such as, old time dancing, Indian games, pot luck suppers and crafts.

The important message was that individual communities should be consulted on their particular needs and wants. In turn, the elderly must be involved in deciding and designing services to meet their needs.

Food and Language

For those who were forced into institutions (hospitals, lodges, nursing homes, auxiliary hospitals) there were two key concerns expressed--food and language.

a) Food

Food was seen as nourishing not only the body but also the soul. When food is offered to the elderly Native that they are not familiar with, they will not eat it or it can cause them greater physical problems. Not being able to eat traditional Native dishes makes the elderly feel alienated and uncared for. Some Native families prepare meals at home to bring to relatives in order to ease this discomfort. More needs to be done to increase the

sensitivity and knowledge of institutional staff to Native dishes and customs. Dr. Anderson has a recipe book that could help. The possibility of a booklet outlining customary Native dishes and ways of preparing them in order to meet Canada's Food Guide was unanimously supported.

b) Language

When older Natives enter these institutions, often many miles from their home communities, it is particularly difficult for them. As many of them cannot speak English, suggestions offered to change this situation included:

- exploring more possibilities for volunteer involvement. Since many adults need to work and evening hours are not convenient to tired elders, young people were seen as a possible source. Benefits to young and old were seen. The "adopt-a-grandparent" program was cited as an example.

- since many Native adults have limited income and must work to support themselves, paying a volunteer co-ordinator or friendly visitor was suggested.

- having lodges, apartments, auxiliary homes closer to home would increase ease for the family and friends to visit and speak in their Native tongue.

Transportation

It was noted that some older Natives are driving without licenses. Programs with Native driving instructors and exam interpreters were encouraged.

Protecting Elders' Finances

A very big concern was expressed for the many older ones who are being taken advantage of by their families. Younger family members often sponge off their elders or charge excessive amounts for assistance such as

transportation. In some cases there is stealing of elders' money, charging personal supplies to the elder's account in a store, and even physical abuse (including rape).

There was also concern expressed for those older ones who can't (often due to alcohol abuse) manage their money and end up penniless shortly after their pension cheque arrives.

Many possible ways of dealing with this serious issue were discussed including:

- educating older ones in how to budget their money
- educating older ones in how to be firm (and how to protect themselves) with family who are taking advantage of them
- automatically having the pension cheque deposited in the bank or with the store where the older one deals
- responsible family members need to intervene and make necessary arrangements to protect the income of their older ones
- guardians could be appointed to manage the money and ensure adequate supplies are provided. These guardians could be reserve or settlement staff, or any responsible caring person. The possibility of Native Seniors Guardians (similar to existing Children's Guardians for wards of the Provincial Government) was discussed.

Planning or Self-Government

Older ones are very wary of self-government.

Status Indians have relied on Indian Affairs for the last 100 years to run their business and all of a sudden because of a task force study, self-government is being pushed. There has been little chance for input from the people affected.

Even with the tutorship of the Federal Indian Affairs, "we can't even run our government." Government comes into the reserve and offers a program. The council "might accept it because they feel that they're running the

reservation so that they feel qualified to run it." There's no study on it as to whether it's needed, how many man years are needed and how much money it will cost. Often the money is used up in administration with little money for the actual program which ends up dying in a year anyway.

Band councils in Alberta generally have two year terms. Some get in only to help themselves and much time is spent campaigning to keep themselves in these lucrative positions. "There's no looking to the future beyond the two years."

"In self-government many things will have to change and that's what people are scared of." Services that were provided by the band through staff may end. Staff (example maintenance men) may have to start their own business and people pay directly for these serves. The people that are being paid by the band now may have to become entrepreneurs. "It seems that they don't know where to start."

Of the $200 received by each person on the Saddle Lake Reserve, $100 goes to the band for administration. Eight hundred dollars a month from that advisory group member's household goes for this purpose. That represents $9,000 a year. Taxes off reserve would not be that high. In self-government that $9,000 would go to the people and they would buy the services.

There is little education on reserves, Unemployment is close to 82 percent. Few private businesses exist. "Nobody is starting any enterprises to use the human resources." It will take a long time to educate and train people to take on these new responsibilities.

We may have to look at a tax system. If more money needs to be raised, perhaps reserves will need to look at establishing a land tax or charging for renting land.

Definitions

Senior Citizen

This is originally a non-Native term referring to those 65 years and over who become eligible for a wide range of special federal, provincial and municipal programs and services. Natives generally understand this to be the commonly accepted definition.

Native communities (reserves and settlements) use the term senior citizen to indicate eligibility for locally provided special programs and services. Ages referred to vary among communities (anywhere from 50 to 60 years). The majority of Native communities however consider those 60 years and over to be eligible for locally provided programs and services for senior citizens.

Elder

Elder refers to those Natives, young and old, who have been chosen or recognized by their tribe, band or community for their particular maturity, wisdom or knowledge of cultural roots. These elders are called upon to perform religious and cultural ceremonies as well as offering guidance to individuals.

Older Ones

Older ones refers to those Natives over approximately 75 years who have great wisdom and kindness to share.

Native

Anyone who has some Indian blood or ancestry is considered Native.

Planning for the Final Meeting

The draft of the discussion paper was distributed. Comments are encouraged to be brought to the next meeting. Recommendations from the advisory group will also be drafted at our next and last meeting.

ADVISORY GROUP ON
ISSUES AFFECTING OLDER NATIVES IN ALBERTA
MEETING #4 - SUMMARY

A look at the summary of meeting #3 led to further discussion of definitions. Changes to the definitions of elder and older ones were made.

Similar to previous meetings, many advisory group members presented well researched, and documented reports on issues affecting older Natives in their home communities. Issues raised at this meeting included:

Funding

- The Federal and Provincial Governments are fighting as to who should provide funding for services to older ones. It has become a "political football" with little progress towards a resolution.

- There is difficulty finding sufficient funds for the ongoing maintenance, administrative and staffing costs involved in offering seniors accommodation on reserves.

- Particular funding needs were cited in terms of expanded homemaker and home-help services, transportation and furnishings for senior centres on reserve.

Transportation

- The need for expanded transportation systems for the isolated older Natives in remote areas and on reserve was mentioned several times.

- Because of the wishes of older Natives to leave the seniors lodge on reserve and to return to their homes and way of life after the crises passes (e.g., winter, health problems, family difficulties), this causes difficulty administratively and from a funding perspective.

- Expanded home help amd homemaker services are needed.

Health

- Great need exists for auxiliary and/or nursing home facilities in remote areas and on reserves.

Income

- Many older Natives are unable to make their money stretch to cover their expenses because of mismanagement on their own part, or because of financial abuse on the part of their families.

Culture

- Concern was expressed that traditions including language, dances, drumming and stories are dying away as the older Natives pass on. The importance of carrying on these traditions for the young ones through education and to the old ones for self-esteem was emphasized.

Information on the usual process involved in the building and administration of new non-profit auxiliary and nursing home facilities was presented. Although local auxiliary and nursing home District Boards do not have jurisdiction to build or administer facilities on reserve, reserves can request membership on District Boards and Health and Welfare, Medical Services Branch does give funding to the Boards for the number of status Indians expected to be served by the facility. There is no provision at this time to provide auxiliary or nursing home facilities on reserve. Health and Welfare, Medical Services Branch has suggested that if reserves would like such a policy to be developed that they should send Band Council Resolutions to this effect to them.

All advisory group members expressed the great benefits that they had gained from being part of the advisory group. They encouraged greater utili-

zation of Native advisory groups and indicated their willingness to be considered for future membership in such groups.

A decision as to whether the "Discussion Paper on Issues Affecting Older Natives" becomes a public document will be made after it is completed in mid-July.

The draft copy of the discussion paper was reviewed and comments noted.

The six major issues affecting older Natives in Alberta identified by the advisory group were priorized in the following order:

1) Planning
2) Housing
3) Education
4) Health
5) Transportation
6) Income

The advisory group discussed each major issue in light of what had already been mentioned in the draft paper and in previous advisory group meetings. Additional comments included:

Planning

- Older Natives and resource people should be involved in the planning and ongoing administration of programs and services for older Natives.

- Older Natives should themselves choose who best can serve in the planning process.

- Because of the difficulties experienced in negotiating tripartite agreements, perhaps reserves may have greater control over the process and resulting decisions if tribal councils made separate bilateral agreements with the levels of government involved.

Housing

- Because of the smaller numbers of older Natives requiring residential care (including lodges, apartments, auxiliary and nursing home care) in their rural home communities, it may be best to look at a multi-level approach and to include those, regardless of age, who are handicapped and unable to care for themselves.

Health

- There is a need to look at health in an Indian way which is more holistic. An Indian definition of health would include spiritual and mental health as well as being more preventive than curative in nature.

- There is a great need to recognize and support Native healing and those who practise it.

Mr. Baldwin Reichwein from Alberta Social Services and Community Health's Special Advisory Office on Native Issues, joined the group in the afternoon to share in the discussions. He supported the advisory group's efforts and pledged to reunite the group in the spring of 1987 to collectively evaluate the progress on these important issues.

APPENDIX B

LODGES AND APARTMENTS FOR NATIVE SENIORS

Lodges for Native Seniors

1) on reserve

i) Kehewin Seniors Lodge — 8 units
Box 218, Bonnyville T0A 0L0 Phone: 826-3333
(Priority given to those of Native ancestry)

ii) Kipohtakawkamik Logde — 4 units
Box 510, Morinville T0G 0P0 Phone: 939-5533

iii) Samson Elder's Home — 5 units
Box 159, Hobbema T0C 1N0 Phone: 585-3023

2) off reserve

i) Ayabaskaw Home — 15 units
P.O. Box 56, Fort Chipewayn T0P 1B0 Phone: 697-3791

Apartments for Native Seniors

1) on reserve

i) Kehewin Seniors Lodge — 6 units
Box 218, Bonnyville T0A 0L0 Phone: 826-3333

2. off reserve

i) Ayabaskaw Home — 10 units
P.O. Box 56, Fort Chipewyan T0P 1B0 Phone: 697-3791

ii) Ota-Wigetak Senior Citizens Apartments — 33 units
General Delivery, Gunn T0E 1A0 Phone: 967-5293

iii) Neewatim Elders' Home — 12 units
General Delivery, Wabasca T0G 2K0 Phone: 891-3671

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